150, FLORID 13 vendor

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 15, 2005 8:00 am**
**Secretary of State**
03-15-2005 90044 028 ***150.00

DOCUMENT # 140566

1. Entity Name

EMBASSY CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 2 FOUR ARTS PLZ<br>PALM BEACH FL 33480<br>US | 2 FOUR ARTS PLZ<br>PALM BEACH FL 33480<br>US |

1st MOORE CR2E034 (10/04)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-0294178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DUGGAN, ERVIN<br>2 FOUR ARTS PLZ<br>PALM BEACH FL 33480 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DIXON, FITZ E JR<br>320 EL VEDADO ROAD<br>PALM BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PRES~~ TD<br>NYITEIM, JOHN MR.<br>369 S. Lake Drive<br>Palm Beach FL 33480 |
| | | | | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HOYT, BARRY<br>133 BANYAN ROAD<br>PALM BEACH FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MOORE, DUDLEY<br>220 E. BRAVO<br>PALM BEACH FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GUBELMANN, WILLIAM<br>1 N CLEMATIS ST.<br>WEST PALM BEACH FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SCAFF, DAVID<br>159 SEASPRAY AVE<br>PALM BEACH FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SCHULER, JOHN<br>200 JUNGLE ROAD<br>PALM BEACH FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 3.9.05 561-655-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #